

GUARANTOR #:019656-00 Seaman, Crystal D DATE :05/06/04
 PATIENT #:019656-00 Seaman, Crystal D D.O.B:03/09/70
 ASSIGNMENT :yes-no 28045 Beulah Church Rd CHART:12136
 LAST PAY DT:04/26/04 Opp, AL 36467 HOME:
 LAST PAY \$: 3.00
 LST PLN PAY:10/02/03 EMPLOYER NAME:
 LST PLN \$: 15.00 REF DOCTOR:odm Mitchum, O.D.
 AT COLLECTN: 0.00
INSURED #1 INSURED #2
 Seaman, Crystal D
 28045 Beulah Church Rd
 Opp, AL 36467

PLAN 1 :National Security Ins Co PLAN 2 :
 POLICY #:236150086 FR:04/25/03 POLICY #:
 GROUP #: TO:10/22/03 GROUP #: FR:
 TO:

DATE	BILL #	DR.	CPT/PROCEDURE	CHECK #:PLAN	POS	CHARGE
05/12/03	86877	sb4	99203-Office/Outpatient Visit, New		11	94.00
05/29/03			PAYMENT--THANK YOU 0239279:National Security Ins			15.00-
05/29/03			Insurance Writeoff:National Security Ins Co			79.00-
06/16/03			Reverse Writeoff:National Security Ins Co			79.00
12/17/03			PAYMENT--THANK YOU			5.00-
12/22/03			PAYMENT--THANK YOU			5.00-
02/23/04			PAYMENT--THANK YOU			5.00-
03/29/04			PAYMENT--THANK YOU			5.00-
04/26/04			PAYMENT--THANK YOU			3.00-
05/12/03		sb4	L3908-Wrist Splint, Velcro		11	25.00
			wrist splint, right			
05/29/03			PAYMENT--THANK YOU 0239279:National Security Ins			25.00-
: Payment Notes:			no EOB with payment			
			Assignment not accepted			
: First Form Printed			for National Security Ins on 05/19/03 for	119.00	E?n!	
: Last Form Printed			for National Security Ins on 05/19/03 for	119.00	E?n!	
OFFICE: 4			Dx:842.00-Sprain Of Wrist N	56.00	(-----)	
06/02/03	87397	sb4	99213-Office/Outpatient Visit, Est	11	69.00	
06/16/03			PAYMENT--THANK YOU 0239362:National Security Ins			15.00-
: Payment Notes:			supplement ins policy			
: First Form Printed			for National Security Ins on 06/06/03 for	69.00	E?n!	
: Last Form Printed			for National Security Ins on 06/06/03 for	69.00	E?n!	
OFFICE: 4			Dx:354.2-Ulnar Nerve Palsey	54.00	(-----)	
06/30/03	88180	sb4	99212-Office/Outpatient Visit, Est	11	56.00	
07/16/03			PAYMENT--THANK YOU 0239566:National Security Ins			15.00-
: Payment Notes:			Supplemental insurance pat			
: First Form Printed			for National Security Ins on 07/07/03 for	56.00	E?n!	
: Last Form Printed			for National Security Ins on 07/07/03 for	56.00	E?n!	
OFFICE: 4			Dx:354.2-Ulnar Nerve Palsey	41.00	(-----)	
07/17/03	89127	sb4	99212-Office/Outpatient Visit, Est	11	56.00	
07/17/03			PAYMENT--THANK YOU			10.00-
07/25/03			PAYMENT--THANK YOU 0239636:National Security Ins			15.00-
: Payment Notes:			Supplemental insurance payment			

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ASSIGNMENT :yes-no
LAST PAY DT:04/26/04
LAST PAY \$: 3.00
LST PLN PAY:10/02/03
LST PLN \$: 15.00
AT COLLECTN: 0.00

Seaman, Crystal D
Seaman, Crystal D
28045 Beulah Church Rd
Opp, AL 36467
EMPLOYER NAME:
REF DOCTOR:odm Mitchum, O.D.

DATE :05/06/04
D.O.B:03/09/70
CHART:12136
HOME :
EMRG :334-858-5904
EMPLY:
S S #:236-15-0086
CLASS:s1f DR:sb4

INSURED #1

Seaman, Crystal D
28045 Beulah Church Rd
Opp, AL 36467

INSURED #2

PLAN 1 :National Security Ins Co PLAN 2 :
POLICY #:236150086 FR:04/25/03 POLICY #:
GROUP #: TO:10/22/03 GROUP #:

FR:
TO:

DATE	BILL #	DR.	CPT/PROCEDURE	CHECK #:PLAN	POS	CHARGE
First Form Printed			for National Security Ins	on 08/15/03 for	46.00	E?nl
Last Form Printed			for National Security Ins	on 08/15/03 for	46.00	E?nl
		OFFICE: 1	Dx:354.2-Ulnar Nerve Palsey		31.00	<-----
09/22/03	90288	sb4	99211-Office/Outpatient Visit, Est		11	38.00
09/22/03			PAYMENT-THANK YOU			10.00-
10/02/03			PAYMENT-THANK YOU	0239917:National Security Ins		15.00-
Payment Notes:			Supplemental insurance payment			
First Form Printed			for National Security Ins	on 09/26/03 for	28.00	E?nl
Last Form Printed			for National Security Ins	on 09/26/03 for	28.00	E?nl
		OFFICE: 4	Dx:354.2-Ulnar Nerve Palsey		13.00	<-----
10/27/03	91111	srB	99212-Office/Outpatient Visit, Est		11	56.00
11/06/03			PAYMENT-THANK YOU	none:National Security Ins Co		0.00
11/06/03			Insurance Writeoff:National Security Ins Co			0.00
Payment Notes:			Coverage expired			
First Form Printed			for National Security Ins	on 10/31/03 for	56.00	E?nl
Last Form Printed			for National Security Ins	on 10/31/03 for	56.00	E?nl
		OFFICE: 1	Dx:354.2-Ulnar Nerve Palsey		56.00	<-----
10/17/03	92081	srB	pre-Pre Op Visit		11	0.00
		OFFICE: 1	Dx:354.2-Ulnar Nerve Palsey		0.00	<-----
10/28/03	92139	sb4	99024-Post-op Follow-up Visit		11	0.00
		OFFICE: 4	Dx:354.2-Ulnar Nerve Palsey		0.00	<-----
10/19/03	92183	sb4	64718-Revise Ulnar Nerve At Elbow		22	1700.00
		OFFICE: 1	Dx:354.2-Ulnar Nerve Palsey		1700.00	<-----
10/29/04	92527	sb4	99024-Post-op Follow-up Visit		11	0.00
		OFFICE: 4	Dx:354.2-Ulnar Nerve Palsey		0.00	<-----
10/24/04	93524	srB	99024-Post-op Follow-up Visit		11	0.00
		OFFICE: 1	Dx:354.2-Ulnar Nerve Palsey		0.00	<-----
10/28/04	94357	sb4	pre-Pre Op Visit		11	0.00
		OFFICE: 4	Dx:354.2-Ulnar Nerve Palsey		0.00	<-----
10/29/04	95147	srB	99024-Post-op Follow-up Visit		11	0.00
		OFFICE: 1	Dx:354.2-Ulnar Nerve Palsey		0.00	<-----

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ASSIGNMENT :yes-no
LAST PAY DT:04/26/04
LAST PAY \$: 3.00
LST PLN PAY:10/02/03
LST PLAN \$: 15.00
AT COLLECTN: 0.00

Seaman, Crystal D
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28045 Beulah Church Rd
Opp, AL 36467
EMPLOYER NAME:
REF DOCTOR:odm Mitchum, O.D.

DATE :05/06/04
D.O.B.:03/09/70
CHART:12136
HOME :
EMRG :334-858-5904
EMPLY:
S.S.#:236-15-0086
CLASS:s1f DR:sb4

INSURED #1

Seaman, Crystal D
28045 Beulah Church Rd
Opp, AL 36467

INSURED #2

PLAN 1 :National Security Ins Co PLAN 2 :
POLICY #:236150086 FR:04/25/03 POLICY #:
GROUP #: TO:10/22/03 GROUP #:

FR:
TO:

<u>DATE</u>	<u>BILL # DR.</u>	<u>CPT/PROCEDURE</u>	<u>CHECK #:PLAN</u>	<u>POS</u>	<u>CHARGE</u>
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PATIENT NOTES: PT MUST PAY SOMETHING ON BALANCE BEFORE
SHE SEES THE DOCTOR!!

Last statement printed on 04/22/04 for 1954.00

Balance for Seaman, Crystal D 1951.00
Balance for Plan 0.00

	<u>CURRENT</u>	<u>031-366</u>	<u>661-090</u>	<u>991-120</u>	<u>1204</u>
patient	0.00	0.00	0.00	0.00	1951.00
plan	0.00	0.00	0.00	0.00	0.00